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|                                                                                                                                              |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | Attorney Docket No. <b>678-520(P9487)</b>                  |
|                                                                                                                                              | First Inventor or Application Identifier <b>Hoon CHANG</b> |
|                                                                                                                                              | Title <b>APPARATUS AND METHOD FOR...</b>                   |
|                                                                                                                                              | Express Mail Label No. <b>EL484187113US</b>                |

| APPLICATION ELEMENTS<br><small>See MPEP chapter 600 concerning utility patent application contents.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ADDRESS TO: Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages <b>40</b> ]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>10</b> ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ACCOMPANYING APPLICATION PARTS</b><br>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)<br>9. <input type="checkbox"/> English Translation Document (if applicable)<br>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>11. <input type="checkbox"/> Preliminary Amendment<br>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>13. <input type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br>15. <input checked="" type="checkbox"/> Other: <u>Check for \$690.00 (filing)</u><br><u>Check for \$40.00 (recording)</u> |
| 4. Oath or Declaration [Total Pages <b>2</b> ] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br/>(for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>* NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_  
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

|         |                                                |           |                |          |                |
|---------|------------------------------------------------|-----------|----------------|----------|----------------|
| Name    | Paul J. Farrell, Esq.                          |           |                |          |                |
| Address | Dilworth & Barrese<br>333 Earle Ovington Blvd. |           |                |          |                |
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|                   |                         |                                   |        |        |
|-------------------|-------------------------|-----------------------------------|--------|--------|
| Name (Print/Type) | Daniel E. Tierney, Esq. | Registration No. (Attorney/Agent) | 33,461 |        |
| Signature         | [Signature]             |                                   | Date   | 8/2/00 |

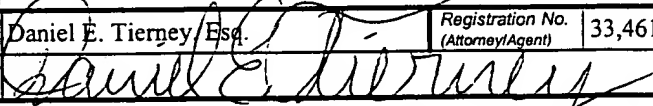
CERTIFICATION UNDER 37 C.F.R. § 1.10 I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL484187113US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: 8/2/00

[Signature]  
Michael J. Musella

|                                                                                                                                                                                                                                                                                                                                                                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |             |                |                      |            |               |  |                  |  |                     |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|-------------|----------------|----------------------|------------|---------------|--|------------------|--|---------------------|-----------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.<br/>Small Entity payments <u>must</u> be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§ 1.27 and 1.28.</p> |                 | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>August 2, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Hoon CHANG</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>678-520 (P9487)</td> </tr> </table> |  | Application Number |  | Filing Date | August 2, 2000 | First Named Inventor | Hoon CHANG | Examiner Name |  | Group / Art Unit |  | Attorney Docket No. | 678-520 (P9487) |
| Application Number                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |             |                |                      |            |               |  |                  |  |                     |                 |
| Filing Date                                                                                                                                                                                                                                                                                                                                                           | August 2, 2000  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |             |                |                      |            |               |  |                  |  |                     |                 |
| First Named Inventor                                                                                                                                                                                                                                                                                                                                                  | Hoon CHANG      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |             |                |                      |            |               |  |                  |  |                     |                 |
| Examiner Name                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |             |                |                      |            |               |  |                  |  |                     |                 |
| Group / Art Unit                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |             |                |                      |            |               |  |                  |  |                     |                 |
| Attorney Docket No.                                                                                                                                                                                                                                                                                                                                                   | 678-520 (P9487) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |             |                |                      |            |               |  |                  |  |                     |                 |
| <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 730.00</p>                                                                                                                                                                                                                                                                                                                    |                 | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">             09/63/242<br/>             3542 U.S. PTO           </div>                                                                                                                                                                                                                                                                                                                                             |  |                    |  |             |                |                      |            |               |  |                  |  |                     |                 |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 04-1121</p> <p>Deposit Account Name: DILWORTH &amp; BARRESE, LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:<br/> <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 690</td> <td>201 345</td> <td>Utility filing fee</td> <td>\$690.00</td> </tr> <tr> <td>106 310</td> <td>206 155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 480</td> <td>207 240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 690</td> <td>208 345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ ) 690.00</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>-20** = 0</td> <td>\$18</td> <td>\$0</td> </tr> <tr> <td>3</td> <td>-3** = 0</td> <td>\$78</td> <td>\$0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>\$260</td> <td>\$0</td> </tr> </tbody> </table> <p><i>**or number previously paid, if greater; For Reissues, see below</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 78</td> <td>202 39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 78</td> <td>209 39</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ ) 0.00</td> </tr> </tbody> </table> | Large Entity Fee Code (\$) | Small Entity Fee Code (\$)                                                 | Fee Description | Fee Paid | 101 690 | 201 345 | Utility filing fee | \$690.00 | 106 310 | 206 155 | Design filing fee |  | 107 480 | 207 240 | Plant filing fee |  | 108 690 | 208 345 | Reissue filing fee |  | 114 150 | 214 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  | (\$ ) 690.00 | Total Claims | Extra Claims | Fee from below | Fee Paid | 3 | -20** = 0 | \$18 | \$0 | 3 | -3** = 0 | \$78 | \$0 | Multiple Dependent |  | \$260 | \$0 | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 103 18 | 203 9 | Claims in excess of 20 |  | 102 78 | 202 39 | Independent claims in excess of 3 |  | 104 260 | 204 130 | Multiple dependent claim, if not paid |  | 109 78 | 209 39 | ** Reissue independent claims over original patent |  | 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  | (\$ ) 0.00 | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105 130</td> <td>205 65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127 50</td> <td>227 25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139 130</td> <td>139 130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147 2,520</td> <td>147 2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112 920*</td> <td>112 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113 1,840*</td> <td>113 1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115 110</td> <td>215 55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116 380</td> <td>216 190</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117 870</td> <td>217 435</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118 1,360</td> <td>218 680</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128 1,850</td> <td>228 925</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119 300</td> <td>219 150</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120 300</td> <td>220 150</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121 260</td> <td>221 130</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138 1,510</td> <td>138 1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140 110</td> <td>240 55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141 1,210</td> <td>241 605</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142 1,210</td> <td>242 605</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143 430</td> <td>243 215</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144 580</td> <td>244 290</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122 130</td> <td>122 130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123 50</td> <td>123 50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126 240</td> <td>126 240</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581 40</td> <td>581 40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$40</td> </tr> <tr> <td>146 690</td> <td>246 345</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149 690</td> <td>249 345</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td>(\$ ) 40.00</td> </tr> </tbody> </table> <p>* Reduced by Basic Filing Fee Paid</p> | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 105 130 | 205 65 | Surcharge - late filing fee or oath |  | 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 130 | 139 130 | Non-English specification |  | 147 2,520 | 147 2,520 | For filing a request for reexamination |  | 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action |  | 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action |  | 115 110 | 215 55 | Extension for reply within first month |  | 116 380 | 216 190 | Extension for reply within second month |  | 117 870 | 217 435 | Extension for reply within third month |  | 118 1,360 | 218 680 | Extension for reply within fourth month |  | 128 1,850 | 228 925 | Extension for reply within fifth month |  | 119 300 | 219 150 | Notice of Appeal |  | 120 300 | 220 150 | Filing a brief in support of an appeal |  | 121 260 | 221 130 | Request for oral hearing |  | 138 1,510 | 138 1,510 | Petition to institute a public use proceeding |  | 140 110 | 240 55 | Petition to revive - unavoidable |  | 141 1,210 | 241 605 | Petition to revive - unintentional |  | 142 1,210 | 242 605 | Utility issue fee (or reissue) |  | 143 430 | 243 215 | Design issue fee |  | 144 580 | 244 290 | Plant issue fee |  | 122 130 | 122 130 | Petitions to the Commissioner |  | 123 50 | 123 50 | Petitions related to provisional applications |  | 126 240 | 126 240 | Submission of Information Disclosure Stmt |  | 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | \$40 | 146 690 | 246 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 690 | 249 345 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | Other fee (specify) _____ |  |  |  | Other fee (specify) _____ |  |  |  | <b>SUBTOTAL (3)</b> |  |  | (\$ ) 40.00 |
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| Large Entity Fee Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Small Entity Fee Code (\$) | Fee Description                                                            | Fee Paid        |          |         |         |                    |          |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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                 |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                               |  |         |         |                                           |  |        |        |                                                                            |      |         |         |                                                               |  |         |         |                                                                  |  |                           |  |  |  |                           |  |  |  |                     |  |  |             |
| 101 690                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 201 345                    | Utility filing fee                                                         | \$690.00        |          |         |         |                    |          |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 102 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 104 260                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 109 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 110 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| <b>SUBTOTAL (2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Large Entity Fee Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 105 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 127 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 139 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 147 2,520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 112 920*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 113 1,840*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 113 1,840*                 | Requesting publication of SIR after Examiner action                        |                 |          |         |         |                    |          |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 115 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 215 55                     | Extension for reply within first month                                     |                 |          |         |         |                    |          |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 116 380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 117 870                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 118 1,360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 128 1,850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 119 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 120 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 220 150                    | Filing a brief in support of an appeal                                     |                 |          |         |         |                    |          |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 121 260                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 138 1,510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 138 1,510                  | Petition to institute a public use proceeding                              |                 |          |         |         |                    |          |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 140 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 141 1,210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 142 1,210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 143 430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 144 580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 122 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 123 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 126 240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 581 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 146 690                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 246 345                    | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |          |         |         |                    |          |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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| 149 690                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 249 345                    | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |          |         |         |                    |          |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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                 |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                               |  |         |         |                                           |  |        |        |                                                                            |      |         |         |                                                               |  |         |         |                                                                  |  |                           |  |  |  |                           |  |  |  |                     |  |  |             |
| <b>SUBTOTAL (3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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    |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |              |                |          |   |           |      |     |   |          |      |     |                    |  |       |     |                            |                            |                 |          |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |                                                    |  |        |       |                                                            |  |                     |  |  |            |                                                                                                                                                                                          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                 |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                               |  |         |         |                                           |  |        |        |                                                                            |      |         |         |                                                               |  |         |         |                                                                  |  |                           |  |  |  |                           |  |  |  |                     |  |  |             |

|                     |                                                                                     |                                   |                |
|---------------------|-------------------------------------------------------------------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                                                                                     | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Daniel E. Tierney Esq.                                                              | Registration No. (Attorney/Agent) | 33,461         |
| Signature           |  | Telephone                         | (516) 228-8484 |
|                     |                                                                                     | Date                              | 8/2/00         |

CERTIFICATION UNDER 37 C.F.R. § 1.10 I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL484187113US addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Dated: 8/2/00

  
Michael J. Musella

08-03-00

A

PATENT

Atty. Docket No. 678-520 (P9487)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents  
Washington, D.C. 20231

UTILITY APPLICATION FEE TRANSMITTAL

JC542 U.S. PTO  
09/631242



Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Hoon CHANG

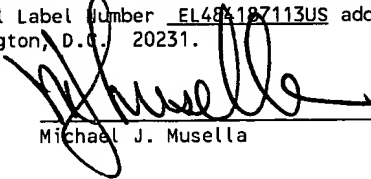
For: APPARATUS AND METHOD FOR RETRANSMITTING DATA  
ACCORDING TO RADIO LINK PROTOCOL IN MOBILE  
COMMUNICATION SYSTEM

Enclosed are:

- [x] 37 page(s) of specification
- [x] 1 page(s) of Abstract
- [x] 2 page(s) of claims
- [x] 10 sheets of drawings [ ] formal [x] informal
- [x] 2 page(s) of Declaration and Power of Attorney
- [x] An Assignment of the invention to Samsung Electronics  
Co., Ltd.

CERTIFICATION UNDER 37 C.F.R. §1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date August 2, 2000 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL486187113US addressed to: Assistant Commissioner of Patents and Trademarks, Washington, D.C. 20231.

  
Michael J. Musella

☒ Certified copy of application

| <u>Country</u> | <u>Appln. No.</u> | <u>Filed</u>          |
|----------------|-------------------|-----------------------|
| <u>Korea</u>   | <u>1999-31753</u> | <u>August 2, 1999</u> |

from which priority under Title 35 United States Code, §119 is claimed

☐ is enclosed.

☒ will follow.

CALCULATION OF UTILITY APPLICATION FEE

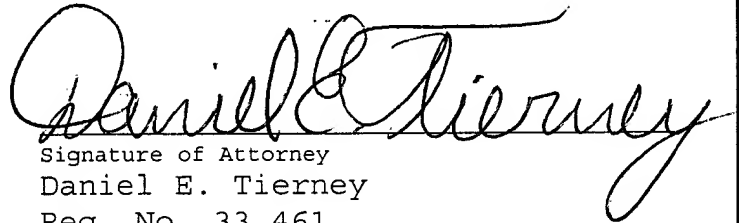
| <u>For</u>  | <u>Number Filed</u>                    | <u>Number Extra</u> | <u>Rate</u> | <u>Basic Fee</u> |
|-------------|----------------------------------------|---------------------|-------------|------------------|
|             |                                        |                     |             | <u>\$690.00</u>  |
| Total       |                                        |                     |             |                  |
| Claims*     | 3 - 20 =                               | 0                   | x \$ 18.00  | \$ .00           |
| Independent |                                        |                     |             |                  |
| Claims      | 3 - 3 =                                | 0                   | x \$ 78.00  | \$ .00           |
| Multiple    | <input type="checkbox"/> yes           | Add'l. Fee          | \$260.00    | \$               |
| Dependent   |                                        |                     |             |                  |
| Claims      | <input checked="" type="checkbox"/> no | Add'l. Fee          | None        | = \$ .00         |
| TOTAL       |                                        |                     |             | <u>\$690.00</u>  |

- ☐ Verified Statement of "Small Entity" Status Under 37 C.F.R. §1.27. Reduced fees under 37 C.F.R. § 1.9(f) (50% of total) paid herewith \$\_\_\_\_\_.
- ☒ The amount of \$40.00 for recording the attached Assignment is included in the enclosed check.
- ☒ A check in the amount of \$690.00 to cover the ☐ recording, ☒ filing fee(s) is attached.
- ☐ Charge fee to Deposit Account No. 04-1121. Order No. \_\_\_\_\_
- TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

\*Includes all independent and single dependent claims and all claims referred to in multiple claims.  
See 37 C.F.R. § 1.75(c).

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and 1.17, at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Date: August 2, 2000



Signature of Attorney

Daniel E. Tierney

Reg. No. 33,461

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PJF/MM:mg